

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09841421

FILING DATE

4/24/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		12				
7		1				
8	1					
9		1				
10	1					
11		1				
12	2					
13	1					
14	1					
15	1					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	16					
TOTAL CLAIMS	17					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

17

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy